

# **Exhibit 1**

James Yan, M.D.  
10/18/2011

Page 1

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND

DR. AMIE CARRIER, \*

Plaintiff, \*

\*

vs. \* CASE NO.:

\* 8:11-ev-00129-DKC

VCA ANIMAL HOSPITALS, \*

INC., \*

Defendant. \*

\* \* \* \* \*

The Deposition of JAMES YAN, M.D. was taken on Tuesday, October 18, 2011, commencing at 3:23 p.m. at 11119 Rockville Pike, Suite 320, Rockville, Maryland, before Emily Boyd, Notary Public.

\* \* \* \* \*

Reported by:

Emily K. boyd, Court Reporter

2 (Pages 2 to 5)

Page 2	Page 4
1 APPEARANCES:	1 received some medical records I think that came 2 from your office, but sitting here right now, I'm 3 not sure if I got everything. Will we be able to 4 inspect her medical records at some point?
2	5 A. Sure.
3 On behalf of the Plaintiff:	6 Q. Why don't we ask a few more questions and 7 then we'll hit a breaking point and do that, if 8 that's all right.
4 NEIL S. HYMAN, ESQUIRE	9 A. All right.
5 Law Office of Neil S. Hyman, LLC	10 Q. Thank you, sir. You're a medical doctor?
6 4416 East West Highway	11 A. Yes.
7 Suite 400	12 Q. Where did you receive your medical 8 degree?
8 Bethesda, Maryland 20814	13 A. From the University of Miami.
9 (301) 841-7105	14 Q. Is that in Florida?
10 neil@neilhymanlaw.com	15 A. Yes.
11	16 Q. When?
12 On behalf of the Defendant:	17 A. Long time ago.
13 JOHN B. FLOOD, ESQUIRE	18 Q. Approximately.
14 Ogletree, Deakins, Nash, Smoak & Stewart, P.C.	19 A. That's a really long time ago. About
15 1909 K Street, NW	20 20 years ago.
16 Suite 1000	
17 Washington, D.C. 20006	
18 (202) 887-0855	
19 john.flood@ogletreedeakins.com	
20	
21	
Page 3	Page 5
1 PROCEEDINGS	1 Q. 20?
2	2 A. Yes.
3 Whereupon --	3 Q. Early 1990s?
4 JAMES YAN, M.D.	4 A. Yes. Yeah, that's right.
5 a witness herein, having been first duly sworn,	5 Q. Do you have any other graduate-level
6 was examined and testified as follows:	6 degrees? I saw on your card a PhD.
7 EXAMINATION BY MR. FLOOD:	7 A. PhD, yeah.
8 Q. Can you state your full name for us.	8 Q. In what field?
9 A. James Yan.	9 A. Biochemistry.
10 Q. Dr. Yan, you understand that I'm here to	10 Q. Where did you obtain that degree?
11 take your deposition in relation to a lawsuit	11 A. In Taiwan. Long time ago. Don't ask me
12 that's ongoing involving Amie Carrier?	12 when.
13 A. Yes.	13 Q. More than 20 years?
14 (Yan Exhibit No. 1 was marked for	14 A. (Nodded head.)
15 identification.)	15 Q. Yes? One thing as we go through the
16 Q. Dr. Yan, we've handed you what's marked	16 deposition --
17 as Exhibit 1, a subpoena issued in this case. Did	17 A. PhD is in University of Illinois. I'm
18 you receive that?	18 sorry. 25 years ago.
19 A. Yes.	19 Q. University of Illinois. Okay. One thing
20 Q. One thing that we requested is production	20 is we're going to be try to be as efficient as
21 of all medical records for Amie Carrier. I have	possible today.

<p style="text-align: right;">Page 22</p> <p>1     <b>Q. What is Exhibit 3?</b></p> <p>2     A. It's something I ordered for her to get 3     the blood drawn to check the Dilantin level in the 4     blood. And also, on the bottom I put down a note 5     that said the patient allowed to go back to work on 6     May 27, 2008.</p> <p>7     <b>Q. Okay. Do you recall seeing Amie Carrier 8     on May 9, 2008?</b></p> <p>9     A. I cannot remember. I have to go with my 10    note. I did not see her at that time.</p> <p>11    <b>Q. Oh, you didn't see her?</b></p> <p>12    A. No.</p> <p>13    <b>Q. Do you know how it came to be for you to 14    issue the prescription on Exhibit 3 and sign the 15    note?</b></p> <p>16    A. Apparently, she probably call me for 17    Dilantin, and then for some reason I told her she 18    had to check the Dilantin level, because if we 19    don't check the Dilantin level, that's not good. 20    That's not appropriate. That's why I ordered that. 21    It's not the medicine.</p>	<p style="text-align: right;">Page 24</p> <p>1     <b>Q. We've handed you Exhibit 4, and you were 2     commenting that what I've just handed you, you saw 3     a few minutes ago when we were looking at your 4     computer records; is that correct?</b></p> <p>5     A. Yes.</p> <p>6     <b>Q. Can you tell us what do you recall, if 7     anything, about Exhibit 4?</b></p> <p>8     A. No. I cannot recall. I saw this one 9     before. I saw this one on my records.</p> <p>10    <b>Q. You saw it just a few minutes ago today 11    on the computer?</b></p> <p>12    A. That's correct. Yes.</p> <p>13    <b>Q. So do you know whether or not -- well, 14    you all have it in your records; correct?</b></p> <p>15    A. Yes.</p> <p>16    <b>Q. So you must have received it at some 17    point?</b></p> <p>18    A. Yes.</p> <p>19    <b>Q. The first page of Exhibit 4 appears to be 20    a fax cover sheet, right?</b></p> <p>21    A. Yes.</p>
<p style="text-align: right;">Page 23</p> <p>1     <b>Q. Oh, so you're ordering a blood test?</b></p> <p>2     A. That's correct.</p> <p>3     <b>Q. And does the phrase "hepatic profile" 4     mean a blood test and CBC?</b></p> <p>5     A. That's right. That's to check to make 6     sure the Dilantin is not causing any trouble in 7     her.</p> <p>8     <b>Q. And so do you believe -- we'll know from 9     I guess the printouts here in a minute. To your 10    knowledge, did you take any notes of any 11    conversation with Amy Carrier?</b></p> <p>12    A. No. I would not take notes.</p> <p>13    <b>Q. And then the note at the bottom of 14    Exhibit 3, do you know how that came about?</b></p> <p>15    A. I really have no idea, but I believe 16    maybe she just told me she wanted to go back to 17    work, and then she said she wanted to go back to 18    work on May 27. I saw her May 16. I probably feel 19    that she's okay to go back to work.</p> <p>20    (Yan Exhibit No. 4 was marked for 21    identification.)</p>	<p style="text-align: right;">Page 25</p> <p>1     <b>Q. From it looks like VCA to your office?</b></p> <p>2     A. Yes.</p> <p>3     <b>Q. And attached to it is some sort of job 4     description or position description?</b></p> <p>5     A. Yes.</p> <p>6     <b>Q. Do you recall reviewing a position 7     description in relation to Amie Carrier at any 8     time?</b></p> <p>9     A. It has been for a long time.</p> <p>10    <b>Q. I understand.</b></p> <p>11    A. I don't think I can recall. I cannot 12    remember that long ago. But it's in my records, so 13    I must see this one. I probably look at this one 14    with her and then I said okay, you go back to work.</p> <p>15    <b>Q. So if you did that, what would have been 16    the purpose for you in looking at a position 17    description like that?</b></p> <p>18    A. She probably asked me whether she can go 19    back to work or not. I said why not.</p> <p>20    <b>Q. Okay. So you probably would have 21    reviewed it and factored in whether or not --</b></p>

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8 (Pages 26 to 29)

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<p>1       A. She's appropriate for her to go back to      2 work or not. And I probably think it's      3 appropriate. That's why I said go back to work.      4           (Yan Exhibit No. 5 was marked for      5 identification.)</p> <p>6       <b>Q. Is that the same note? It seems to have      7 a different date, does it not?</b></p> <p>8       A. Basically, it's saying the same thing.      9 We are adjusting the medication and she should be      10 able to go back to work.</p> <p>11     <b>Q. Okay. And your signature is on this      12 note?</b></p> <p>13     A. Yes, that's my signature.</p> <p>14     <b>Q. And I guess your understanding, the      15 purpose of this would have been so that it would      16 have been given to her employer?</b></p> <p>17     A. Yes.</p> <p>18     <b>Q. So you released her. Although you noted      19 you were adjusting her medication, you had released      20 her back to work without any restrictions on      21 May 27, 2008?</b></p>	<p>1       <b>Q. I've handed you Exhibit 6, and according      2 to the first page, it's a physician's report      3 regarding driving. Do you see that?</b></p> <p>4       A. Yes.</p> <p>5       <b>Q. Is your signature on the fourth page of      6 the document?</b></p> <p>7       A. That's my signature.</p> <p>8       <b>Q. This appears to have been signed by you,      9 it appears, on Page 4, October 13, 2008?</b></p> <p>10     A. That's correct.</p> <p>11     <b>Q. First of all, I note on the bottom of      12 Page 1, it indicates -- well, Item No. 3 was      13 checked "yes." Do you see that?</b></p> <p>14     A. Yes.</p> <p>15     <b>Q. And that could encompass epilepsy or      16 seizures; is that right?</b></p> <p>17     A. That's correct.</p> <p>18     <b>Q. And then the date of the last episode is      19 listed as May 2008?</b></p> <p>20     A. That's correct.</p> <p>21     <b>Q. So from what had been reported to you by</b></p>
<p>1       A. That's correct, according to the note.</p> <p>2       <b>Q. Or earlier, it says.</b></p> <p>3       A. Yes.</p> <p>4       <b>Q. Do you recall any information Dr. Amie --</b>      5 <b>I'm referring to her as Doctor, because she's a</b>      6 <b>doctor of veterinary medicine. Amie Carrier. Do</b>      7 <b>you recall her giving you any specific information</b>      8 <b>which caused you to sign the note at Exhibit 5?</b></p> <p>9       A. I don't remember.</p> <p>10     <b>Q. Would that be in your notes?</b></p> <p>11     A. No. I just looked. No, it's not in my      12 notes. And I cannot remember. Most of the time I      13 just review the job description and make sure it's      14 okay. And most of the time the patient said that      15 she want to go back to work.</p> <p>16     <b>Q. You say that sort of as a general matter,</b>      17 <b>not something you specifically recall about Amie</b>      18 <b>Carrier?</b></p> <p>19     A. No.</p> <p>20     (Yan Exhibit No. 6 was marked for      21 identification.)</p>	<p>1       <b>Amie Carrier, she had not had a seizure type of</b>      2 <b>event since May 2008; is that correct?</b></p> <p>3       A. That's correct.</p> <p>4       <b>Q. Do you recall if she reported to you</b>      5 <b>later that she had any seizure type of events in --</b>      6 <b>let me give you a time frame, Doctor -- from the</b>      7 <b>date you signed this document? So October 13,</b>      8 <b>2008, until let's say December 15, 2008.</b></p> <p>9       A. I have to look in my record. I cannot      10 recall.</p> <p>11     <b>Q. Okay.</b></p> <p>12     A. On March 27, 2009, I have a record says      13 that she reported she has one seizure and she said      14 that she was sleep deprived.</p> <p>15     <b>Q. That's 2009?</b></p> <p>16     A. 2009, March 27.</p> <p>17     <b>Q. Okay. So do you have any records</b>      18 <b>indicating any report of seizures by Amie Carrier</b>      19 <b>between October 13, 2008, and let's say</b>      20 <b>December 15, 2008?</b></p> <p>21     A. In May 2008 and then the next time the</p>

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9 (Pages 30 to 33)

Page 30	Page 32
1 visit was March 27, 2009.	1 prognosis you noted was good; is that correct?
2 <b>Q. So that's the next time she reported to</b>	2       A. It's good.
3 <b>you any sort of seizure?</b>	3 <b>Q. And then moving down the page, your</b>
4       A. She came to my office and she said she	4 <b>certification indicates she's taking the</b>
5       had one seizure. I don't know the date for the	5 <b>medications. See that?</b>
6       seizure.	6       A. Yes.
7 <b>Q. On March 27, 2009, she didn't say when</b>	7 <b>Q. And then the seizure medical condition is</b>
8 <b>that occurred?</b>	8 <b>controlled?</b>
9       A. No.	9       A. Yes.
10 <b>Q. Okay. Do you recall if she indicated in</b>	10 <b>Q. And then you indicate in your opinion she</b>
11 <b>some way if it was fairly recent?</b>	11 <b>was capable of driving a motor vehicle?</b>
12      A. No.	12      A. Yes.
13 <b>Q. Page 2, back to Exhibit 6, Doctor, I</b>	13 <b>Q. And then block No. 1 there, description</b>
14 <b>guess it's a continuation of the list that began on</b>	14 <b>of limitations including any effect this impairment</b>
15 <b>Page 1; is that correct?</b>	15 <b>may have on her ability to safely operate a motor</b>
16      A. Yes.	16 <b>vehicle.</b>
17 <b>Q. So all of those items are things that at</b>	17      A. I didn't --
18 <b>least from the MVA point of view, they wanted you</b>	18 <b>Q. There were none indicated to you;</b>
19 <b>to indicate whether she was reporting that they had</b>	19 <b>correct? That block on any limitations you left</b>
20 <b>occurred or not; is that correct?</b>	20 <b>blank because none were indicated to you; is that</b>
21      A. That's correct.	21 <b>correct?</b>
1 <b>Q. So you checked no on each one of those?</b>	1       A. That's correct.
2       A. Because she said no.	2       (Yan Exhibit No. 7 was marked for
3 <b>Q. And then Page 3 I guess is where you</b>	3       identification.)
4 <b>indicate current medications?</b>	4 <b>Q. We've handed you Exhibit 7. Is that the</b>
5       A. Yes.	5 <b>March 27, 2009 note?</b>
6 <b>Q. And it was Dilantin at that point in</b>	6       A. Yes.
7 <b>time?</b>	7 <b>Q. Doctor, in dealing with someone with a</b>
8       A. Yes.	8 <b>seizure condition, is there any sort of scale, if</b>
9 <b>Q. And the bottom block, if you will, on</b>	9 <b>you will, to evaluate the type of seizure or the</b>
10 <b>Page 3, it's a little hard to read the heading, but</b>	10 <b>level of the seizure? I'm not asking this very</b>
11 <b>can you tell me what that is indicating? You</b>	11 <b>clearly, I know, but are there different types of</b>
12 <b>checked the "good" block.</b>	12 <b>seizures?</b>
13      A. The prognosis.	13      A. Yes.
14 <b>Q. And then moving on to Page 4, I guess at</b>	14 <b>Q. Did you ever, in treating Amie Carrier,</b>
15 <b>the top there is also a section Prognosis.</b>	15 <b>form an opinion about the type or types of seizures</b>
16      A. Yes, that's prognosis.	16 <b>she was reportedly having?</b>
17 <b>Q. So the bottom block on Page 3, something</b>	17      A. Her seizure probably something we call
18 <b>results on -- I don't know. The black heading is</b>	18      compressed partial seizure. The reason I'm saying
19 <b>sort of blocking out the "something" to date.</b>	19      that, because on the EEG, it's only focal on one
20      A. I can't read it.	20      side over the temporal lobe area. Then that area
21 <b>Q. That's fine. Then on to Page 4, the</b>	21      is not normal based on the EEG, so she probably had

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10 (Pages 34 to 37)

Page 34	Page 36
<p>1 compressed partial seizure. It only means on the 2 seizure, sources is from temporal lobe.</p> <p>3     <b>Q. So that helps to identify the location of</b> 4     <b>the brain where it's coming from?</b></p> <p>5     A. Yes.</p> <p>6     <b>Q. Or developing?</b></p> <p>7     A. That's right.</p> <p>8     <b>Q. It's not assessing sort of the gravity of</b> 9     <b>the seizure, if you will?</b></p> <p>10    A. No.</p> <p>11    <b>Q. Did you, in dealing with Amie Carrier as</b> 12    <b>a patient, ever reach that sort of assessment of</b> 13    <b>sort of the gravity or seriousness of the seizures</b> 14    <b>themselves?</b></p> <p>15    A. I cannot remember.</p> <p>16    <b>Q. If you had, would that be noted in your</b> 17    <b>records somewhere?</b></p> <p>18    A. Yes. Her seizure is easy to control, 19    because she doesn't have seizure like some people 20    have seizure every day. It just comes if she 21    doesn't take medicine or sleep deprived. If she</p>	<p>1 blue ink at the bottom of each page, page numbers 2 from 1 through 39. And we're going to have a copy 3 made for each counsel here shortly.</p> <p>4     <b>Q. Dr. Yan, I'll hand you Exhibit 8.</b></p> <p>5     <b>Okay. You've had a chance to review</b> 6     <b>that. Is Exhibit 8 -- these are all the records,</b> 7     <b>to your knowledge, that your office has regarding</b> 8     <b>Amie Carrier?</b></p> <p>9     A. Yes.</p> <p>10    <b>Q. May I retrieve those for just one moment?</b></p> <p>11    I'm going to point you to a few specific pages.</p> <p>12    First of all, Page 2. Is that your handwritten</p> <p>13    note for the visit with Amie Carrier or March 27,</p> <p>14    2009?</p> <p>15    A. That's correct.</p> <p>16    <b>Q. And just so it's clear, are those your</b> 17    <b>handwritten notes?</b></p> <p>18    A. Yes.</p> <p>19    <b>Q. What do they say?</b></p> <p>20    A. They say patient one seizure and sleep</p> <p>21    deprivation, and at the moment she's taking</p>
Page 35	Page 37
<p>1 take medicine, she should be okay.</p> <p>2     <b>Q. So from what you understood from Amie</b> 3     <b>Carrier, the frequency of her seizures were fairly</b> 4     <b>infrequent; is that correct?</b></p> <p>5     A. That's correct.</p> <p>6     <b>Q. And then from your perspective, you</b> 7     <b>understood that either avoiding sleep deprivation</b> 8     <b>and/or taking appropriate medicine should control</b> 9     <b>them?</b></p> <p>10    A. Yes.</p> <p>11    <b>Q. I think you mentioned that some patients</b> 12    <b>you deal with have seizures even on a daily basis?</b></p> <p>13    A. That's correct.</p> <p>14    MR. FLOOD: Okay. Can we go look at</p> <p>15    those medical records real quick? And then we're</p> <p>16    real close to being done.</p> <p>17    (Discussion held off the record.)</p> <p>18    (Yan Exhibit No. 8 was marked for</p> <p>19    identification.)</p> <p>20    MR. FLOOD: We've marked now Exhibit 8</p> <p>21    for Dr. Yan's deposition, and I've handwritten in</p>	<p>1 Dilantin 300 milligram and also taking Xanax as 2 needed at night.</p> <p>3     <b>Q. Okay. Just turn that page over. I'll</b> 4     <b>retrieve them and I'll point you to another page</b> 5     <b>shortly. Okay. Page 3 and then Page 4. First</b> 6     <b>look at Page 3. What is that?</b></p> <p>7     A. It's my written note on May 9, 2008.</p> <p>8     Patient frequent seizure, and the Dilantin level is</p> <p>9     only 3.5, which is low. And she's taking Dilantin</p> <p>10    three times a day and she developed a rash from</p> <p>11    another medicine called trileptal. I give her</p> <p>12    trileptal and she developed a rash. And then on</p> <p>13    the bottom, that's the instruction for her that</p> <p>14    date. I told her to take Klonopin at bedtime for</p> <p>15    sleep as needed. And she's supposed to take</p> <p>16    Dilantin every night, and we are going to check the</p> <p>17    laboratory, and she will come in in three months.</p> <p>18    <b>Q. Okay. Page 4 now.</b></p> <p>19    A. Page 4, the written note for May 16,</p> <p>20    2008. That's a note that says patient was seen in</p> <p>21    the emergency room as a Dilantin toxicity. She</p>

JAMES YAN, M.D., PH.D.  
NEUROLOGY

11119 Rockville Pike, #320 Rockville, MD 20852

TEL: (301) 468 - 1997  
FAX: (301) 468 - 1996

Medical # 41150070C  
DEA No. BY 3494074

Date 5/9/08

Name CARRIER, Amie

Address \_\_\_\_\_

Rx Dilantin 1000  
Hepatic profile  
(B/C)

Dr. Yan  
Label  
Refills

D. Yan

M.D.

JAMES YAN, M.D., PH.D.  
WHITE FLINT PROFESSIONAL BLDG.  
8600 OLD GEORGETOWN RD.  
BETHESDA, MD 20814  
301-468-1997

Date 05-09-2008

Patient Information  
AMIE L CARRIER  
313 FALLSGROVE DR.  
ROCKVILLE MD 20850

TO WHOM IT MAY CONCERN:

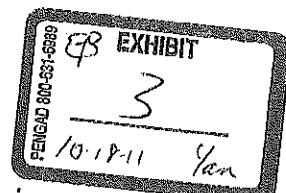
I hereby certify the following statements for the patient listed above:

This patient has been under my professional care for SEIZURE/CONVULSION

This patient is allowed to return to work on 05-27-2008

Signed :

Office of JAMES YAN, M.D.



VCA00141



15021 Duffer Mill Road  
Gaithersburg, MD 20878  
(301) 340-3224  
(301) 738-8845 Fax

**EMERGENCY CARE**

Anthony S. Johnson, DVM  
Diplomate ACVECC

Anne E. Stonham, DVM  
Diplomate ACVECC

**EMERGENCY CARE**

& INTERNAL MEDICINE (SA)  
Nancy A. Sanders, DVM  
Diplomate ACVIM, ACVECC

**INTERNAL MEDICINE (SA)**

Tina S. Conway, DVM  
Diplomate ACVIM (SAIM)

**NEUROLOGY/NEUROSURGERY**

H. Steven Steinberg, VMD  
Diplomate ACVIM (Neurology)

**ONCOLOGY**

Anthony J. Calo, DVM  
Practice Limited to Oncology

**OPHTHALMOLOGY**

Kelly A. Cardoso, VMD  
Practice Limited to Ophthalmology

**RADIATION ONCOLOGY**

Eric W. Boshoever, DVM  
Diplomate ACVR (RO)

**RADIOLOGY/ULTRASONOGRAPHY**

Robert Brawer, DVM  
Practice Limited to Radiology

**RESIDENTS**

Gretchen D. Statz, DVM  
Emergency/Critical Care

Kelli E. Sobel, DVM  
Emergency/Critical Care  
Internal Medicine

Christopher G. Byers, DVM  
Emergency/Critical Care  
Internal Medicine

Sara A. Brown, DVM  
Emergency/Critical Care

Nathan J. Lippo, DVM  
Emergency/Critical Care

**SOFT TISSUE SURGERY**  
David K. Saylor, VMD  
Senior Surgeon - Medical Director

Jared E. Williams, DVM  
Diplomate ACVIM (SAIM)

**SURGERY**  
Bruno Massat, DVM  
Diplomate ACVS, ECVS

**FAX COVER SHEET**

To:

James Jan, MD

301-468-1996

Fax #:

C. Janek

From:

Job Description /Annie Carrui

Re:

5

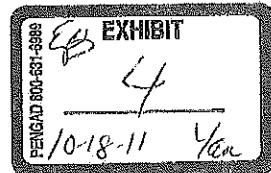
*(including this page)*

# of Pages:

5/16/08

Date: Time: 3:25pm

Additional Comments:





## Staff Veterinarian Job Description

---

**Position Title:** Staff Veterinarian  
**Reports To:** Medical Director with support of the Regional Medical Director  
**Department:** DVM  
**Employee Status:** Exempt

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### *Job Description*

Under policy direction of the Medical Director with support of the Regional Medical Director, the Staff Veterinarian provides professional medical, nutritional, dental and surgical diagnostics and treatment of companion animals.

### *Knowledge, Skills and Abilities:*

- Professional mannerism and appearance.
- Good interpersonal skills.
- Positive and friendly attitude.
- Ability to communicate directions and instructions clearly and effectively.
- Ability to earn respect from coworkers.
- Ability to make decisions.
- Respect for clients and their pets.
- Willingness to work with clients and their pets.
- Willingness to learn and use computer.
- Ability to work under stress.
- Practices the highest standard of medicine.
- Uphold the veterinary code of ethics.

### *Education and Experience:*

- A Doctor of Veterinary Medicine (DVM) degree, or equivalent, from an accredited university.
- A license to practice in the state in which he/she is employed.

### *Authority:*

- Directs and guides Veterinary Technicians, Veterinary Assistants and any other employee interacting with pet care.

### *Physical Requirements:*

- Dependable attendance is required.
- Any allergies to animals must be controllable through medication.
- Must be able to lift 40 pounds.
- Must be willing to work long or irregular hours under pressure conditions.

- This position requires the ability to walk, bend, stand and reach constantly during a minimum 8-hour day.
- Visual acuity sufficient to maintain accurate records, recognize people and understand written directions.
- Ability to speak and hear sufficiently to understand, give information in person and over the telephone.
- Fine motor skills adequate for utilizing hospital equipment such as electric clippers, scalpels, syringes, radiology equipment, laboratory equipment, computers, etc.

**Duties:**

The following is a partial list of essential job responsibilities. This list may be revised at any time and additional duties not listed here may be assigned as needed.

1. Patient Management
2. Client Management
3. Administrative Management
4. Staff Management
5. Professional Responsibilities

**Patient Management:**

- Cares - remembering that the patient's well being is the first priority.
- Continually improve the quality of patient care through studying veterinary journals and texts and by attending seminars. VCA has established a minimum 30-hour per year requirement for continuing education for each veterinarian.
- Perform examinations, diagnostic, medical, surgical and dental procedures in a way that will deliver the highest quality care while minimizing patient stress and discomfort.
- Recommend referral to one of the other VCA doctors or a specialist when this is likely to significantly improve the prognosis.

**Client Management:**

- Will promote and participate in the principles of the VCA Mission Statement, Three Steps of Service and VCA Standards of Client Service and that the above is known and practiced by all employees.
- Develop rapport with clients.
- Determine client's needs and wishes.
- Question the client to ascertain the patient's past medical and surgical history as well as a description of the current presenting signs.
- Explain physical examination findings.
- Recommend the appropriate preventive health care, including vaccines and appropriate nutritional products and protocols.
- Recommend and explain plans for diagnostic procedures and for medical and surgical therapies; methods for home care procedures and follow up plans.
- Give the client a prognosis of the pet's problems.
- Generate fee estimates for recommended procedures and presents them to the client.
- Keep clients informed regarding the status of their pet and results of diagnostic tests.
- Provide telephone consultation, including follow-up calls for progress reports, etc.

***Administrative Management:***

- Maintenance of client/patient medical/surgical records.
- 1. Completely "SOAP" the patients medical records:
  - S = Subjective analysis of problem (history)
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  - A = Assessment of problem (diagnosis)
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- 2. Make certain all necessary logs are kept up to date through established protocols and guidelines:
  - Surgical logs
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- Accurately charge clients for all services performed.
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- Support and participate in VCA marketing and promotional events and programs.
- Ready to report to work when the need arises.
- Contribute to maintenance of a comfortable, clean and safe environment of which the clients, the staff and the management can be proud.

***Staff Management: Professional Staff:***

- Ensure an atmosphere of cooperation and mutual respect.
- Keep patient records complete and up-to-date to assist colleagues in follow-up and future management of the patient.
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- Assist technicians where necessary and fostering an educational environment.
- Provide instruction in client education, diagnostic and treatment procedures, and anesthesia, care of instruments, surgical assisting and dentistry.

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5021 DUMFER MILL ROAD  
MARTINSBURG, MD 25401  
PHONE (301) 340-3224 FAX (301) 738-8845

**Critical Care**

Christopher G. Byers, DVM  
Diplomate ACVECC

ancy A. Sanders, DVM  
Diplomate ACVIM (SAIM), ACVECC

anne E. Stoneham, DVM  
Diplomate ACVECC

retchen D. Stultz, DVM  
Diplomate ACVECC

**Residents**

Ira A. Brown, DVM  
Emergency/Critical Care

Christopher G. Byers, DVM, DACVECC  
Internal Medicine

Annie L. Carrier, DVM  
Internal Medicine

cole E. Guma, DVM  
Emergency/Critical Care & Internal Medicine

athan J. Lippo, DVM  
Emergency/Critical Care

**INTERNAL MEDICINE**  
ta S. Conway, DVM, MA  
Diplomate ACVIM (SAIM)

lth E. Söbel, DVM  
Practice Limited to Internal Medicine (SAIM)  
Practice Limited to Emergency/Critical Care

**UROLOGY/NEUROSURGERY**  
Steven Steinberg, VMD  
Diplomate ACVIM (Neurology)

**ONCOLOGY**  
tony J. Calo, DVM  
Practice Limited to Oncology

**OPHTHALMOLOGY**  
ly A. Caruso, VMD  
Diplomate ACVO

h Koch, VMD, MMSC  
Diplomate ACVO

**RADIATION ONCOLOGY**  
W. Boshoven, DVM  
Diplomate ACVR (R0)

**DIAGNOSTIC IMAGING/ULTRASONOGRAPHY**  
ert Brewer, DVM  
Practice Limited to Radiology

**GENERAL SURGERY**  
d K. Saylor, VMD -- Medical Director  
for Surgeon

d E. Williams, DVM  
Diplomate ACVIM (SAIM)

ence Rawlings, DVM, PhD  
Diplomate ACVS

**ECOLOGY**  
io Massat, DVM  
Diplomate ACVS  
Diplomate ECVS

**FAX COVER SHEET**

To:

Dr. Yan

Fax #

301-468-1996

From:

Margaret

Re:

Annie Carrier's Job Description

# of Pages:

5

(including this page)

Date:

5/20/08

Time:

Additional Comments:

**FAXED**  
3374

5/20/08

VCA00150



## Staff Veterinarian Job Description

---

**Position Title:** Staff Veterinarian  
**Reports To:** Medical Director with support of the Regional Medical Director  
**Department:** DVM  
**Employee Status:** Exempt

---

### *Job Description*

Under policy direction of the Medical Director with support of the Regional Medical Director, the Staff Veterinarian provides professional medical, nutritional, dental and surgical diagnostics and treatment of companion animals.

### *Knowledge, Skills and Abilities:*

- Professional mannerism and appearance.
- Good interpersonal skills.
- Positive and friendly attitude.
- Ability to communicate directions and instructions clearly and effectively.
- Ability to earn respect from coworkers.
- Ability to make decisions.
- Respect for clients and their pets.
- Willingness to work with clients and their pets.
- Willingness to learn and use computer.
- Ability to work under stress.
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- Model an "owner" mentality in hospital by demonstrating willingness to assist all employees for the success of the hospital.

5/21/2008 3:52 PM FROM: 3014681996 TO: 3017388845 PAGE: 002 OF 002

JAMES YAN, M.D., PH.D.  
WHITE FLINT PROFESSIONAL BLDG.  
8600 OLD GEORGETOWN RD.  
BETHESDA, MD 20814  
301-468-1997

Date 05-21-2008

Patient Information

AMIE L CARRIER  
313 FALLSGROVE DR.  
ROCKVILLE MD 20850

TO WHOM IT MAY CONCERN:

I hereby certify the following statements for the patient listed above:

This patient has been under my professional care for SEIZURE/CONVULSION

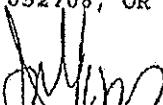
This patient is allowed to return to work on 05-27-2008

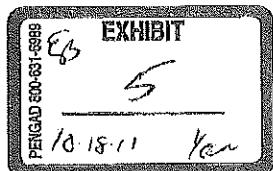
The following restriction(s) will apply until further notice:

Miscellaneous Restrictions:

DR. CARRIER HAS SEIZURE. CURRENTLY, WE ARE ADJUSTING HER MEDICATION. SHE SHOULD BE ABLE TO GO BACK TO HER REGULAR JOB WITHOUT RESTRICTION ON 052708, OR EARLIER.

Signed :

  
Office of JAMES YAN, M.D.



VCA00142

From: 3014681996 Page: 3/15 Date: 6/17/2011 11:21:43 AM  
BT:11 3014681996 06/17/2011 11:21:43 AM

<b>DMV</b> 5501 Ritchie Highway, N.E. Glen Burnie, MD 21062 Motor Vehicles Administration	<b>PHYSICIAN'S REPORT</b> <b>Driver Wellness &amp; Safety</b>	<b>QUESTIONS?</b> Please call: (410) 768-7511 <b>TTY FOR THE DEAF 1-800-492-4573</b>
<b>For Office Use Only. Requested By:</b> TH		<b>Date Requested:</b> October 23, 2008

**TO THE DRIVER/APPLICANT:**

If you are currently being treated by a physician or have been seen by a physician in the last 12 months, please COMPLETE SECTION 1 (BELOW) ONLY; then have your treatment provider complete the rest of this form. This TREATMENT PROVIDER'S REPORT should be returned to us in the enclosed pre-addressed envelope along with other forms that may be requested in the cover letter that accompanied this form. (Payment for any examination, if necessary, and the preparation of this form is YOUR responsibility.)

All medical data obtained will be kept CONFIDENTIAL and will be used only to determine your qualifications to drive as set out in Section 18-118 of the Transportation Article of the Annotated Code of Maryland.

<b>SECTION 1: GENERAL INFORMATION (To be completed by Driver/Applicant)</b>			
(Please Type or Print)			
DRIVER/APPLICANT'S NAME	CARRIER LAST	AMIE FIRST	L MIDDLE
ADDRESS:	313 FALLSGROVE DR STREET	ROCKVILLE CITY	MD STATE ZIP CODE
DATE OF BIRTH:	PHONE NUMBER(S):		
DRIVER'S LICENSE NUMBER:	SOCIAL SECURITY NUMBER:		

**TO THE PHYSICIAN:** \_\_\_\_\_

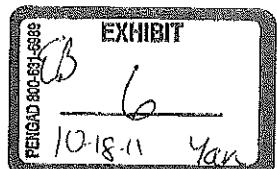
Your patient has been receiving care which requires review by the Medical Review Section and/or Medical Advisory Board. Please complete this PHYSICIAN'S REPORT and return it to this Administration along with your client's completed HEALTH QUESTIONNAIRE and any other required forms in the envelope provided. Please complete all areas that pertain to your client. If you have any questions, you may contact the Medical Review Section at the above-listed phone number. If this information is not returned to our office, as specified in our cover letter to your client, his/her license/privilege to drive may be subject to suspension.

(Sections 2 through 6 to be Completed by Physician)

<b>SECTION 2: HISTORY</b>	
Have you treated the above-named person or referred him/her to another health care provider for any of the following conditions in the last 2 years? Please clarify any "yes" answers in the comment section that follows these questions.	
1. Motor Vehicle Accident	CHECK ONE      DATE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____
2. Driver's License Revocation, Suspension, Cancellation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____
3. Blackout Spells, Dizzy Spells, Epilepsy, Seizure, Loss of Consciousness	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>May/2008</u>
Date of Last Episode <u>May/2008</u>	



DC-119B 1-4 (04/2002)



4. Other Neurological Impairments
5. Head Trauma/Brain Surgery
6. Nervousness
7. Depression/Confusion, Other Psychiatric Disorders
8. Memory Impairment
9. Alcoholism
10. Visual Impairment/Eye Disease
11. Drug Abuse
12. Hearing Impairment
13. Amputation/Missing Extremities/Prostheses
14. Other Orthopedic Impairments
15. High Blood Pressure
16. Stroke
17. Heart Disease/Cardiovascular Impairments
18. Diabetes
19. Other Diseases/Ailments/Complications; List Below

Comments: (Please type or print)

CHECK ONE	DATE
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____

**SECTION IV PHYSICAL ASSESSMENT AND PSYCHOLOGICAL EXAMINATIONS**

Note POSITIVE Findings Only

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Status/level of impairment (e.g. facial droop, paresis, ambulatory, wheel chair bound, etc.)

Physician's Report

Page 2

DC-119E 2-4 (04/2002)

From: 3014681996 Page: 5/15 Date: 6/17/2011 11:21:43 AM  
 10/10/2009 11:15 3017621745 VCA VRA PROB 00

## SECTION I: CURRENT DIAGNOSIS AND MEDICATIONS

LIST CURRENT DIAGNOSIS	CURRENT MEDICATIONS
1. Dilantin	Seizure
2.	
3.	
4.	

## SECTION II: LABORATORY TESTS

List positive laboratory results that support diagnosis above (blood count, blood chemistry, EKG, X-ray, etc.) (Please print or type)

Dilantin level 8.2 (7/2/08)  
 7.6 (8/27/08)

## SECTION III: RESULTS OF TREATMENT TO DATE

1.  Poor    2.  Fair    3.  Good    4.  Excellent

5. Comment: (Please type or print)

Physician's Report

Page 3

BD-119E3-A (04/2002)

From: 3014681996 Page: 6/15 Date: 6/17/2011 11:21:43 AM  
10/10/2008 11:16 9017621745 VCA VRA

PHASE 2

[REDACTED]  
SECTION 1: PROGRESS

1.  Poor      2.  Fair      3.  Good      4.  Excellent

5. Comment: (Please type or print)

[REDACTED]  
SECTION 2: PHYSICIAN'S CERTIFICATION

1. Description of Limitation(s) - Including any effect this impairment may have on the patient's ability to safely operate a motor vehicle. (Please type or print)

2. Patient is reliable in taking medications?

Yes  No

3. Patient's seizures/medical condition is controlled?

Yes  No

4. Patient has been under my care for: (how long?)

SINCE 12/8/07

5. In my professional opinion, this person is physically/mentally capable of safely operating a motor vehicle at this time:  
 Yes  No

6. Comment (Please type or print)

7. Name of Physician (Print or Type): James Van

8. Physician's Address: 111A Rockville Pike Rockville MD 20852 Phone Number: (3) 468-1997

9. Physician's License Number: D 40353 10. Specialty: Neurology

11. Physician's Signature: J. Van 12. Date: 10/13/08

Physician's Report

Page 4



DD-119E.4-4 (04/2002)



Member Name

AMIE L CARRIER

Member ID

Group

BCBS Plan 080/580

[REDACTED]  
PPO

Inslt Change  
5/28/10



Provider must submit all medical claims  
to the local Blue Cross and Blue Shield Plan.  
Local CareFirst Medical & All Dental  
providers mail to:  
Mail Administrator  
PO Box 141148 (for Medical claims)  
PO Box 141116 (for Dental claims)  
PO Box 141114 (for correspondence)  
Lexington, KY 40512

[www.carefirst.com](http://www.carefirst.com)  
Member Service: 443-730-2921  
888-567-8887

Provider Claims and Benefits: 800-842-5975  
Hospital Precert: 866-773-2884  
Mental Health/Substance Abuse: 800-245-7013  
Overseas Medical Help: 800-310-2583  
To locate Participating Providers outside the  
CareFirst BlueCross BlueShield service area,  
call 800-810-2593  
If you CareFirst benefits include:  
Dental Member Svcs: 800-891-2802  
Dental Provider Svcs: 866-891-2804  
DNC Preferred Network (for out-of-area dental  
providers): 866-891-2802  
Argus Pharmacy Services  
Providers: 888-850-4599  
Members: 800-241-3371  
Davis Vision: 800-783-5602

DP Dental - PPO  
DT Dental - Traditional

CareFirst BlueCross BlueShield is the business name of Group  
Hospitalization and Medical Services, Inc. and is an  
independent licensee of the Blue Cross and Blue Shield  
Association. A registered trademark of the Blue Cross and  
Blue Shield Association. © Registered licensee of CareFirst  
of Maryland, Inc. ID#0191-18 (10/09)



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**Position Title:** Staff Veterinarian  
**Reports To:** Medical Director with support of the Regional Medical Director  
**Department:** DVM  
**Employee Status:** Exempt

### ***Job Description***

Under policy direction of the Medical Director with support of the Regional Medical Director, the Staff Veterinarian provides professional medical, nutritional, dental and surgical diagnostics and treatment of companion animals.

### ***Knowledge, Skills and Abilities:***

- Professional mannerism and appearance.
- Good interpersonal skills.
- Positive and friendly attitude.
- Ability to communicate directions and instructions clearly and effectively.
- Ability to earn respect from coworkers.
- Ability to make decisions.
- Respect for clients and their pets.
- Willingness to work with clients and their pets.
- Willingness to learn and use computer.
- Ability to work under stress.
- Practices the highest standard of medicine.
- Uphold the veterinary code of ethics.

### ***Education and Experience:***

- A Doctor of Veterinary Medicine (DVM) degree, or equivalent, from an accredited university.
- A license to practice in the state in which he/she is employed.

### ***Authority:***

- Directs and guides Veterinary Technicians, Veterinary Assistants and any other employee interacting with pet care.

### ***Physical Requirements:***

- Dependable attendance is required.
- Any allergies to animals must be controllable through medication.
- Must be able to lift 40 pounds.
- Must be willing to work long or irregular hours under pressure conditions.

JAMES YAN, M.D., PH.D.  
WHITE FLINT PROFESSIONAL BLDG.  
8600 OLD GEORGETOWN RD.  
BETHESDA, MD 20814  
301-468-1997

Date 05-21-2008

Patient Information

AMIE L CARRIER  
313 FALLSGROVE DR.  
ROCKVILLE MD 20850

TO WHOM IT MAY CONCERN:

I hereby certify the following statements for the patient listed above:

This patient has been under my professional care for SEIZURE/CONVULSION

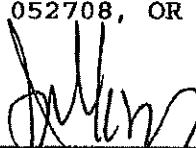
This patient is allowed to return to work on 05-27-2008

The following restriction(s) will apply until further notice:

Miscellaneous Restrictions:

DR. CARRIER HAS SEIZURE. CURRENTLY, WE ARE ADJUSTING HER MEDICATION. SHE SHOULD BE ABLE TO GO BACK TO HER REGULAR JOB WITHOUT RESTRICTION ON 052708, OR EARLIER.

Signed :

  
Office of JAMES YAN, M.D.

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